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FEB 17 2005

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Attorney Docket No.: DA-047-US-1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Fouad Mehawej Art Unit: 3761
Serial No.: 10/066,935 Examiner: Stephens
Filed: February 4, 2002
Title: SUPERABSORBENT COMPOSITE AND ABSORBENT ARTICLES
INCLUDING SAME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
MAIL STOP AMENDMENT

AMENDMENT

In response to the outstanding Office action dated November 17, 2004, Applicant submits the following amendments and remarks.

CERTIFICATE OF TRANSMISSION

I hereby certify under 37 CFR §1.8(a) that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, facsimile number (703) 872-9306, on February 17, 2005.

Signature

Allison Johnson

Typed or Printed Name of Person Signing Certificate

PAGE 2/13 * RCVD AT 2/17/2005 5:22:32 PM (Eastern Standard Time) * SVR:USPTO-EFAX-1/5 * DUS:8729306 * CSID:6129258372 * DURATION (mm:ss):04:04

03/17/2005 DLILES 00000028 062241 10066935

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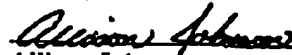
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U.S.S.N. 10/066,935

Please charge any additional fees owing or credit any over payments made to
Deposit Account No. 06-2241.

Respectfully submitted,

Date: February 17, 2005


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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number 10/0066935	
Substitute for Form PTO-875							
CLAIMS AS FILED – PART I							
(Column 1)		(Column 2)		SMALL ENTITY		OR OTHER THAN SMALL ENTITY	
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE		
BASIC FEE (37 CFR 1.15(a))					\$	CR	\$
TOTAL CLAIMS (37 CFR 1.16(c))		minus 20 =				OR	
INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 =				OR	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))							
* If the difference in column 1 is less than zero, enter "0" in column 2.				TOTAL		OR	TOTAL
CLAIMS AS AMENDED – PART II							
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		OR OTHER THAN SMALL ENTITY	
Total (37 CFR 1.16(c))	43	Minus	41	=	—		
Independent (37 CFR 1.16(b))	4	Minus	5	=	1		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		OR OTHER THAN SMALL ENTITY	
Total (37 CFR 1.16(c))	—	Minus	—	=	—		
Independent (37 CFR 1.16(b))	—	Minus	—	=	—		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE
(Column 1)		(Column 2)		(Column 3)		SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		OR OTHER THAN SMALL ENTITY	
Total (37 CFR 1.16(c))	—	Minus	—	=	—		
Independent (37 CFR 1.16(b))	—	Minus	—	=	—		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10066935

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	41	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	41 minus 20 =	21
INDEPENDENT CLAIMS	✓ minus 3 =	2
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

5-1002

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 41	Minus SAME	=
Independent	* 5	Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	740.00
X\$18=	378.00
X84=	168.00
+280=	
TOTAL	1286.00

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

1-3003

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* SAME	Minus	=
Independent	* SAME	Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

8-2307

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* SAME	Minus	=
Independent	* SAME	Minus	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.